United Nations CRC/C/SR.2259

Convention on the Rights of the Child

Distr.: General
26 January 2018

Original: English

Committee on the Rights of the Child
Seventy-seventh session

Summary record of the 2259th meeting
Held at the Palais Wilson, Geneva, on Thursday, 18 January 2018, at 10 a.m.

Chair: Ms. Winter

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The meeting was called to order at 10 a.m.

Consideration of reports of States parties (*continued*)

Combined fifth and sixth periodic reports of Panama (continued) (CRC/C/PAN/5-6; CRC/C/PAN/Q/5-6 and CRC/C/PAN/Q/5-6/Add.1)

1. *At the invitation of the Chair, the delegation of Panama took places at the Committee table.*

2. **Ms. Rudy Arellano** (Panama) said that the Government, in cooperation with the Inter-American Children's Institute, was taking part in a project known as "Conectad@s", the aim of which was to teach children how to safely navigate the Internet. In that connection, it was also setting up an intergenerational network to spread knowledge about safe Internet use.

3. While Panama had not made further progress in developing a protocol for the restitution of rights in cases of international child abduction, various government bodies had expressed an interest in doing so. In addition, the National Secretariat for Children, Adolescents and the Family participated in regional forums under the auspices of the Inter-American Children's Institute to discuss best practices for the involvement of children and adolescents in policymaking. The Government also participated in a regional alliance for the strengthening of child protection systems and in the Liaison Officer Network for the Protection of Migrant Boys, Girls and Adolescents, which was coordinated by the Regional Conference on Migration.

4. **Mr. Moreno** (Panama) said that, according to an opinion issued by the Administrative Attorney General's Office in August 2016, officials authorized to perform marriages were not allowed to do so in cases where one or both of the parties were under the age of 18, and the Civil Registry was not required to register such marriages.

5. The Ministry of Social Development oversaw the execution of social policies by specialized entities such as the National Secretariat for Children, Adolescents and the Family and ensured the participation of non-governmental organizations (NGOs) and civil society in related decision-making processes. It also coordinated the Social Affairs Office, an interministerial consultative body on social policy. Specific examples of the Ministry's work included the coordination of poverty eradication efforts under the "Panama 2030" plan for the attainment of the Sustainable Development Goals, and the recent drafting of a bill for the establishment of a system of guarantees and comprehensive protection for the rights of children and adolescents.

6. **Mr. Cardona Llorens** (Country Rapporteur) said that he wished to have further clarification on the apparent contradiction within the Family Code, as amended by Act No. 30 of 5 May 2015. Whereas article 35 of the Code stated that the marriage of individuals under 18 was prohibited, article 36 appeared to imply that such marriages were valid, subject to certain conditions.

7. **Mr. Rodríguez Reyes** said he understood that registrars were not obliged to register marriages involving minors. Did that mean that such marriages could still take place unofficially?

8. **Ms. Cárdenas** (Panama) said that there was indeed a contradiction between articles 35 and 36 of the Family Code and that the Ministry of Social Development had accordingly proposed an amendment to article 36. In any case, marriages involving minors were not recognized and could not be registered.

9. **Mr. Diéguez** (Panama) said that while the system of indicators for children, young persons and women in Panama was not currently operational because of a change of platform, the National Statistics and Census Institute continued to compile and publish data on children and adolescents on its website. In addition, national censuses were conducted every 10 years and household surveys twice a year.

10. Between 2006 and 2016, some 173,000 citizens, including 77,000 children and adolescents, had been lifted out of extreme poverty, representing a reduction of extreme poverty by 7.7 percentage points, owing in part to the reorganization of the social

protection system. However, as poverty had declined more slowly in the last few years, in 2017 the Government had launched the multidimensional poverty index to help better coordinate public policies and improve the allocation of funding to the neediest areas of the country.

11. Under the Government's draft general budget for 2017, 5.3 per cent of gross domestic product was allocated to education. Public social expenditure for the same year had amounted to US$ 8.7 billion, of which US$ 2.3 billion had been devoted to education, compared with US$ 1.6 billion in 2013.

12. Panama was a signatory to both the Inter-American Convention against Corruption and the United Nations Convention against Corruption and had established an anti-corruption prosecutor's office. Furthermore, the Government was implementing legislation on transparency in public administration, access to information, ethics within the civil service and transparency and efficiency in public procurement.

13. **Ms. Skelton** (Country Rapporteur), while acknowledging the increase in funding for education, said that she was concerned to note that a large proportion of those funds had been earmarked for infrastructure, which, although important, was unlikely to vastly increase the quality of education. Should there not be a separate budget for infrastructure?

14. **Ms. Cárdenas** (Panama) said that the Government would take Ms. Skelton's comments into consideration. Infrastructure projects were budgeted for with due regard to poverty indices and, through the Social Affairs Office, an effort was being made to refocus spending on children and adolescents.

15. **Ms. Córdoba** (Panama) said that the National Secretariat for Children, Adolescents and the Family made constant efforts to raise awareness of the Convention on the Rights of the Child. It held workshops, seminars and information sessions for children and adolescents, teachers, government officials and other target groups. The Higher Institute of the Judiciary provided specialized training with a particular focus on the Convention and access to justice. Government publications on the justice system included a training manual for judicial officials on the application of international conventions for the protection of children's rights, as well as practical guides for the general public.

16. **Mr. Gastaud** said that he welcomed the State party's efforts to increase awareness of the rights enshrined in the Convention but wondered whether any mechanism was in place to measure such awareness among both children and those who worked with children.

17. **Ms. Cárdenas** (Panama) said that analyses had been carried out as part of the Government's efforts to coordinate social policy and training under a single national plan.

18. **Ms. Quiel Canto** (Panama) said that while there was no national system for the collection, analysis and dissemination of statistics on violence against children, the judicial administration system kept statistical records of complaints and proceedings, which could be accessed via the websites of the Public Prosecution Service and the judiciary.

19. Act No. 60 of 2016 provided for the establishment of a normative framework to protect the rights of pregnant minors. To that end, an inter-agency road map had been devised and training had been provided to enhance the technical expertise of professionals who dealt with pregnant minors. The Secretariat for the Protection of Victims, Witnesses, Experts and Other Participants in Criminal Proceedings had a comprehensive system for the protection of victims of offences against sexual freedom. Panamanian criminal law also provided for compensation and redress at the request of a victim's legal counsel.

20. **Ms. Nieto** (Panama) said that Panama did not issue work permits to children under the age of 15 years who had not completed compulsory schooling; however, children aged 14 years who had completed compulsory schooling were permitted to work under supervision. Article 125 of the Labour Code set out fines for employers that failed to respect those rules; the fines had recently been increased through the adoption of Act No. 59 of 12 September 2017.

21. The Directorate to Combat Child Labour and Protect Adolescent Workers had adopted three new tools with which to conduct its supervisory activities: a child labour monitoring system, procedures for addressing cases of child labour, and municipal

strategies for eradicating the phenomenon. The Directorate, which received technical assistance from international NGOs, had an annual budget of approximately US$ 940,660,000. In addition, resources were made available under the 2015–2019 road map for making Panama child labour-free.

22. **Ms. Aho Assouma** said that she would like more information on the provisions of the law to protect pregnant girls and on the kind of support that was currently available to them. She also asked whether safe abortion was available in cases of rape and incest and whether girls with obstetric fistula received proper treatment.

23. **Mr. Kotrane** said that the penalties imposed for child labour were often insufficient to have a deterrent effect. There was, moreover, a problem of inconsistency between the relevant provisions of domestic legislation and the corresponding international conventions which the State party had ratified. For example, the minimum age for employment established in the Constitution was not in compliance with the International Labour Organization (ILO) Domestic Workers Convention, 2011 (No. 189).

24. **Ms. Cárdenas** (Panama) said that the right of pregnant girls to education was among the rights protected under Act No. 60, which also provided for measures for the prevention of teenage pregnancy. Most importantly, it established the National Council on Care for Adolescent Mothers, which helped to ensure that pregnant minors had access to comprehensive care and services.

25. **Ms. Nieto** (Panama), acknowledging the inconsistencies in child labour laws, said that the issue had been under discussion by the Committee for the Eradication of Child Labour and the Protection of Adolescent Workers. ILO had provided the Government with guidance and there were plans to take action on the matter in 2018. Under the Labour Code, children as young as 12 years old could work in the agricultural sector, but they were required to have authorization from the Ministry of Labour and were not allowed to engage in activities identified as dangerous. The more precise definition of such activities had facilitated the work of labour inspectors. As part of its effort to ensure that children completed their education, the Government had increased the fines imposed for child labour and had stepped up labour inspections. The child labour rate in the formal sector was very low; agriculture and rural settings posed the greatest challenges.

26. **Mr. Ruíz** (Panama) said that irregular immigration did not constitute an offence in Panama. Migrants in need of humanitarian protection were taken in at border posts and immediately transferred to health centres for any necessary medical treatment. There were no shelters for children in border areas, but measures for the protection of child migrants were coordinated by the National Migration Service, juvenile courts and the National Secretariat for Children, Adolescents and the Family, and a protocol for such protection was being developed. Regarding human trafficking, the most recent figures showed that, between 2014 and 2017, 16 human trafficking networks had been dismantled, 65 traffickers had been prosecuted and 198 victims had been rescued. In 2017, Panama had established a unit for identifying and assisting trafficking victims.

27. The youth identity card protected young people's right to preserve their identity. It was unrelated to the administrative decision to impose a curfew.

28. **Mr. Cardona Llorens** said that he wished to know what happened if an adolescent was unable to present his or her identity card to the police when requested to do so, particularly in the context of the curfew. He wondered whether the adolescent would have to spend the night in police custody in the event that no adult was available to vouch for his or her identity.

29. **Ms. Cárdenas** (Panama) said that the Juvenile Police received extensive training on the rights of children and adolescents in order to avoid such situations. Moreover, databases made information on the identity of a child's parents readily available. The National Secretariat for Children, Adolescents and the Family had the authority to apply protective measures on non-working days and during non-working hours. Initially, information on the identity of a minor's parents or guardians was sought by officers of the Juvenile Police, who referred the matter to the National Secretariat if they were unable to obtain such information.

30. **The Chair** asked whether the child was held in police custody or at an institution for juveniles while the necessary identification details were being sought.

31. **Ms. Skelton** said that she wondered whether adults were also required to carry their identity cards at all times and were also detained if they failed to produce their cards upon request. If not, then the same rule should apply to children.

32. **Ms. Villareal de Jaén** (Panama) said that children who were outside after curfew and did not have an identity card were taken into custody if they were at particularly high social risk.

33. **Mr. Ruíz** said that all persons enjoyed freedom of movement and were not asked to produce their documents unless the situation called for such action. In the case of both adults and minors, action was taken only in the event of an offence. Minors were held at Juvenile Police stations until they could be released into parental custody.

34. **Mr. Cardona Llorens** asked what measures were being taken to reduce the high levels of violence in the country.

35. **Ms. Khazova** said that she would like to know whether children who were stopped by the police for being outside after curfew were treated differently depending on whether or not they had their identity cards.

36. **Ms. Cárdenas** (Panama) said that a child could not be held on account of not carrying an identity card; a child could, however, be stopped for being outside after curfew without being accompanied by a responsible adult. In that situation, if the child immediately identified himself or herself, an identity card was not necessary.

37. **Ms. Skelton** said that the Committee had been informed that fines were imposed on parents who came to collect children detained at police stations and that the children remained in custody if the parents were unable to pay the fines. On what grounds were such fines imposed?

38. **Ms. Cárdenas** (Panama) said that curfew-related fines had not been imposed for some time and that parents were certainly not required to pay for the return of their children.

39. Not all children admitted to protective institutions or shelters had been abandoned. Every effort was made to return them to the family environment, provided that there was no risk that their rights could be infringed. Children, adolescents and their families were guaranteed access to services under social protection and integration programmes. The Ministry of Social Development ran most such programmes, including the Opportunities Network programme and the Guardian Angel conditional cash transfer programme for children with disabilities. The Ministry of Housing and Urban Development implemented the Roofs of Hope programme, the basic aim of which was to provide decent housing so that children could be returned to their families.

40. With regard to foster care, Act No. 46 of 2013 recognized the right of children and adolescents to live and be raised in their biological nuclear family. Close relatives in the extended family were the primary alternative. If such families lacked the economic resources to serve as a foster family, they were incorporated into family strengthening programmes. Persons who wished to serve as foster parents were required to submit the documents specified in article 15 of Act No. 46.

41. Executive Decree No. 26 of 2009 regulated the issuance of permits for the operation of shelters and provided for oversight to ensure that they protected and promoted children's rights. Some shelters implemented human development projects such as literacy and primary education programmes, vocational training courses, and family reintegration programmes as part of the deinstitutionalization strategy. The "Vivir con Esperanza" (Living with Hope) programme provided comprehensive health care for children and adolescents living with HIV/AIDS. Other targeted support programmes included the "Tu Dignidad Vale" (Your Dignity Counts) programme, for child and adolescent victims of sexual abuse and commercial sexual exploitation, and the "Tu me Importas" (You Matter to Me) programme, for children and adolescents with disabilities.

42. Major progress had been made towards the enactment of Bill No. 536 on adoption and Bill No. 537 on the system of foster care. In line with the Committee's recommendations, the legal norms governing adoption and foster care were being reviewed and updated to ensure that they took a rights-based approach and protected children and adolescents against violence, trafficking and abduction. A 2016 report commissioned by the National Secretariat for Children, Adolescents and the Family identified the key issues to be addressed. The existing norms had also been reviewed by an intersectoral commission composed of legal experts, representatives of civil society organizations and members of the Panamanian Child and Adolescent Support Network. She assured the Committee that the legislation would reinforce the guiding principles governing adoption and that the opinions of children and adolescents as rights holders would be taken into account.

43. **Mr. Cardona Llorens** said that the Committee had commended the State party, in the concluding observations adopted in 2011 (CRC/C/PAN/CO/3-4), on the adoption of the General Adoption Act, which was in line with the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption. It had expressed concern, however, that the envisaged reform aimed at making the Act more flexible, particularly the possibility of direct adoption or direct placement in foster care, might breach the Convention by facilitating the sale of children.

44. **Mr. Rodríguez Reyes** reminded the delegation of the questions he had asked at the preceding meeting regarding mental health policies and breastfeeding.

45. **Ms. Cárdenas** (Panama) said that the new legislation guaranteed all rights and safeguards for children and adolescents involved in adoption procedures. The prohibition of direct adoptions had been strengthened through the drafting of separate laws on adoption (Bill No. 536), which established a permanent filial relationship, and foster care (Bill No. 537), which established a temporary relationship.

The meeting was suspended at 11.35 a.m. and resumed at 11.55 a.m.

46. **Mr. Ramírez** (Panama) said that the data provided by the Ministry of Health on the coverage of health-care programmes were drawn only from the 795 health-care facilities run by that Ministry and did not include Social Security Fund health checks. When data from the Fund were also taken into account, it could be seen that coverage during the past two years had exceeded 100 per cent of the population, since persons with social security coverage could also visit a Ministry of Health facility. Prenatal check-ups exceeded 80 per cent.

47. As the last survey of the population's nutritional status had been conducted in 2008, the Ministry of Health planned to conduct a new wide-ranging survey. In 2014, it had monitored the nutritional status of patients in the health-care network in 15 regions of the country. The results of those surveys showed that the prevalence of chronic malnutrition had declined from 22.2 per cent in 2003 to 19.1 per cent in 2008 at the national level. While a figure of 62 per cent had been recorded for indigenous regions in 2008, the figures for 2014 were 55.6 per cent, 31.3 per cent and 28.6 per cent for the regions of Kuna Yala, Ngöbe Buglé and Darién, respectively.

48. The rate of child mortality had been declining since the 1960s. Between 2014 and 2016, it had declined from 14.3 per cent to 13.9 per cent in 7 of the 13 provinces and districts, particularly in indigenous areas and Bocas del Toro. A revised child mortality monitoring form and guide would be implemented in 2018 with a view to conducting autopsies in all cases, especially those occurring at home.

49. Maternal mortality had declined from 49 cases in 2012 to 37 in 2016. The main causes were haemorrhaging, ectopic pregnancy and pre-eclampsia. A national strategic plan was being implemented to reduce maternal and perinatal mortality, and life-saving courses were conducted in three training centres. The NGO Reprolatina had provided support for a study focusing on adolescents. There was also a counselling service for family planning, and eight health-care centres were specially equipped to prevent maternal mortality. Maternal shelters with trained staff had been established in five indigenous regions. They were located close to health-care centres and in 2015 they had provided shelter for 756 pregnant women.

50. The master plan for child and adolescent health care for 2016–2025 was geared to promoting the right to health and development and providing high-quality public health-care services based on 6 principles and 24 strategies. It provided for 51 investment projects to obtain the necessary funds through different channels. Each strategy defined a target and specified the indicators to be monitored in order to assess progress towards its achievement.

51. The Ministry of Health also implemented strategies through the "Contigo" Indigenous and Rural Health Network. For instance, the Essential Obstetric and Neonatal Care Strategy provided pregnancy, childbirth and postnatal services, and the NutriVidas strategy provided services for infants and children up to the age of 5 years.

52. Breastfeeding was supported by the National Commission for the Promotion of Breastfeeding, which held meetings each month. The National Commission had produced Executive Decree No. 1457 of 30 October 2012, which contained regulations governing the enforcement of Act No. 50 of 1995 on breastfeeding. As of October 2017, breastfeeding rooms had been established in 35 workplaces. The procedures for monitoring compliance with the International Code of Marketing of Breast-milk Substitutes had been reviewed in 2017 and the results of the subsequent monitoring study would be available shortly. A commission of the Ministry of Health assessed breast milk substitutes. In addition, the Ministry of Health published nutritional guidebooks, and the guidebooks for 2018 would focus on healthy nutrition for infants aged less than 2 years, underscoring the importance of breastfeeding.

53. The number of babies born to adolescent mothers in the 10-to-19 age group had declined from 15,023 in 2014 to 14,025 in 2016. There had been a decline of 163 births for mothers in the 10-to-14 age group and of 835 births for mothers in the 15-to-19 age group. Early identification of such cases was complicated by attempts to conceal the pregnancies. However, the percentage of pregnant girls under 20 years of age who received prenatal check-ups had increased from 28 per cent to 30 per cent.

54. The adolescent-friendly health-care services had been extended to 10 regions and 50 health-care centres. The strategy focused on social and cognitive skills, control of emotions, protection against risks, adolescence and sexuality, human rights, prevention of violence against women, prevention of pregnancy and prevention of HIV/AIDS.

55. Psychiatrists were currently trained in three Panamanian institutions, and fellowships were granted for persons who wished to study psychiatry abroad. Eighteen psychiatrists specialized in treatment for children and adolescents. The mental health programme for 2016 and 2017 prioritized psychiatric care for children and adolescents. It promoted the World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP), which included specific modules for children.

56. With regard to environmental health, an order had been issued in 2016 to construct a drinking water pipeline from the Las Mendozas water purification plant to Capira at a cost of $25.4 million. More than 65,000 persons would benefit from the project, which would be completed in 2018. Meanwhile, the aqueduct currently serving Capira was still operational.

57. **Ms. Aho Assouma** said that she wished to know whether all members of the indigenous community benefited from the programmes to combat child mortality. She also asked why the rate of exclusive breastfeeding remained so low; whether the initiative launched in 2017 to encourage breastfeeding had been evaluated; what improvements had been seen thus far; whether health professionals were trained to give breastfeeding advice; and whether parents who bottle-fed their children received hygiene training in order to prevent diarrhoeal illnesses. She wondered what was being done to combat adolescent pregnancy, whether contraceptives were distributed and what aftercare was provided to adolescents who underwent surgery for obstetric fistula or caesarean section. It would also be useful to know what was being done to prevent drug use among young persons.

58. **Mr. Rodríguez Reyes** said that, in relation to breastfeeding, it would be interesting to know why such a low percentage of health-care centres in Panama were WHO-certified as baby-friendly and what was being done to help more centres achieve certification. Noting that the State party had a national mental health plan, he asked whether it covered the entire country, whether it included specific policies for indigenous and Afro-

Panamanian communities, whether its main focus was on service provision or on the construction of facilities and whether it included policies to increase the number of trained specialists in child mental health.

59. **Mr. Ramírez** (Panama) said that the country had adopted a number of strategies to address child mortality in indigenous communities, including the provision of obstetric and neonatal care and the promotion of community-based care. Although no statistics were available on obstetric fistula, 95 per cent of births took place in institutional settings and the remainder were assisted by traditional birth attendants. A pictorial guide to pregnancy and childbirth had been developed for such attendants to ensure that they had access to the necessary information, regardless of education level. Furthermore, efforts continued to be made to prevent teenage pregnancy and provide user-friendly services.

60. With regard to breastfeeding, all health-care professionals received training based on sections 3 and 4 of the Baby-friendly Hospital Initiative materials. A training course for hospital certification authorities had also been developed. One Panamanian hospital had already been assessed; it was hoped that future assessments would further encourage hospitals to implement the steps included in the Initiative. With regard to community outreach, 10 breastfeeding support groups had been established by La Leche League. In indigenous communities, efforts focused on promoting exclusive breastfeeding, as mothers in those communities tended to introduce their babies to other liquids at too early an age.

61. To address the shortage of mental health personnel, mhGAP resources were being used to train non-specialists in how to monitor child development.

62. **Ms. Rudy Arellano** (Panama) said that, in order to improve education coverage at the preschool and primary levels nationwide, a programme had been launched to replace shack classrooms with schools, particularly in indigenous and poverty-stricken areas. A total of 928 new schools would be built under the programme. One of the focuses of the 2014–2019 strategic plan of the Ministry of Education was to increase educational coverage at all levels by assessing the current situation, updating the relevant legislation, building new schools that met accessibility standards, maintaining the universal grant for children in grades 1 to 12, building classrooms to accommodate the extended school day and hiring additional qualified personnel. A rise in education coverage had already been seen since the introduction of the plan.

63. As part of the effort to reduce school dropout rates, tutors were assisting at-risk children through the programme to combat child labour, and guidance on effective learning had been provided to educators and families. Differentiated teaching had been introduced to ensure that all students learned essential concepts and skills, and an accelerated primary-level learning plan had been adopted to support students in rural, indigenous and marginalized communities who returned to school after dropping out. The distance learning programme Telebásica had been introduced to facilitate access to education for children in rural areas. In addition, in order to support national-level planning, a system of education indicators was being developed to provide reliable, up-to-date and disaggregated data on children who were not in school.

64. Panama accorded priority to efforts to improve the quality of education, including programmes to improve school safety and accessibility, introduce effective and inclusive teaching methods, promote the learning of English and extend the school day to eight hours in order to reduce dropout rates. The country had participated in the Programme for International Student Assessment for the first time during the 2009 cycle. Although the Government had suspended participation in the following two cycles in order to focus on initiatives to improve the education system, the results from the 2009 cycle had remained the baseline for measuring success. The country was now preparing to participate in the programme again. It was also carrying out a pilot study to assess the life skills of 15-year-olds who were in grade 6 or lower or were not enrolled in school.

65. With regard to children with disabilities, the country was currently taking steps at the highest level to implement the recommendations made in September 2017 by the Committee on the Rights of Persons with Disabilities and to institute a system for following up on all the recommendations made by the human rights treaty bodies. An intersectoral team had been established to report on the needs of children with disabilities who were

living in institutions. In addition, agreements had been signed to increase inter-agency cooperation in enforcing the rights of such children, facilitating their social inclusion and promoting deinstitutionalization. Progress had also been made towards establishing variables for data collection on children with disabilities.

66. **Ms. de la Guardia** (Panama) said that the country's juvenile criminal justice system had a special regime on the criminal responsibility of adolescents, which provided for alternative measures to be taken to avoid criminal convictions for young offenders. If criminal penalties could not be avoided, non-custodial and socio-educational sentences were preferred. The conditional suspension of custodial sentences was permitted when offenders had already served half of the sentence. Currently, 62 per cent of adolescent offenders were not serving custodial sentences; the remainder were detained in centres that complied with the relevant standards. The criminal records of young offenders were kept confidential and were sealed once the sentence had been served.

67. There was no reported overcrowding in detention facilities in Panama. The authorities were developing a national intervention system that included non-custodial measures for adolescents and promoted the use of social support networks and restorative justice. Mechanisms were also being developed to promote synergies between the institutional system and the community in order to support the reintegration of adolescent offenders. In addition, plans were already in place to expand the comprehensive intervention model piloted at Pacora juvenile prison to cover all detention centres. One detention centre was being rebuilt and another was undergoing renovation.

68. On the topic of drug addiction among adolescents, the country had a multidisciplinary medical programme to provide treatment to adolescents who were in custody for any reason, not necessarily for drug-related offences.

69. **Ms. Skelton** said that the dialogue with the State party had shed light on matters of concern to the Committee. She encouraged the State party to ensure that sufficient funding was invested in initiatives for the most marginalized and vulnerable population groups and to sustain the progress it had made through any future changes of government.

70. **Ms. Cárdenas** (Panama) said that the dialogue with the Committee had been frank and positive and that the delegation had noted the concerns raised by the Committee. The country would continue to make efforts to ensure that children's rights were enforced and that their voices were heard.

The meeting rose at 1 p.m.